

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000893

1. Entity Name

RIVER CITY CATERING, L.C.

Principal Place of Business

77 SOUTH HIGHWAY 17/92  
DEBARY FL 32713

Mailing Address

77 SOUTH HIGHWAY 17/92  
DEBARY FL 32713

2. Principal Place of Business

52 A SOUTH HIGHWAY 17/92

3. Mailing Address

52 A SOUTH HIGHWAY 17-92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DEBARY, FL

City & State

DEBARY, FL

Zip

32713

Country

Zip

32713

Country

4. FEI Number

59-3518268

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MUSE, PANIT

77 SOUTH HIGHWAY 17/92

DEBARY FL 32713

7. Name and Address of New Registered Agent

Name

JOHN M. MUSE

Street Address (P.O. Box Number is Not Acceptable)

516 STEPHANIE COURT

City

LAKE MARY,

FL

Zip Code 32746

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*John M. Muse*

JOHN M. MUSE

9/23/2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete

NAME MGRM  
STREET ADDRESS MUSE, JOHN M  
CITY-ST-ZIP 77 SOUTH HIGHWAY 17/92  
DEBARY FL 32713

TITLE ☐ Delete

NAME MGRM  
STREET ADDRESS MUSE, PANIT M  
CITY-ST-ZIP 77 SOUTH HIGHWAY 17/92  
DEBARY FL 32713

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS 516 STEPHANIE COURT  
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS 516 STEPHANIE COURT  
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE ☐ Change ☐ Addition

NAME 800003415768-7  
STREET ADDRESS -10/05/00--01114--009  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*John M. Muse* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

9/23/2000

Date

407 668-8030

Daytime Phone #

CR2E083 (5/00)